PART B - FEE(S) TRANSMITTAL

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| 23644 | 7590 02/26/ | /2007 | | Certifica | te of Mailing or Trans | mission | |
| BARNES & TI P.O. BOX 2786 CHICAGO, IL 6 | HORNBURG LLF 50690-2786 | | I her State addr trans | I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO (571) 273-2885, on the date indicated below. | | | |
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| | | | | | | (Date) | |
| APPLICATION NO. | FILING DATE | | FIRST NAMED INVENTOR | ATT | ORNEY DOCKET NO. | CONFIRMATION NO. | |
| 10/774,089 | 02/06/2004 | • | Arthur H. Bunn | | 27726/95401 | 7146 | |
| TITLE OF INVENTION | : BEVERAGE CONTAI | NER WITH ONE-WAY | VALVE ASSEMBLY | | | | |
| APPLN. TYPE | SMALL ENTITY | ISSUE FEE DUE | PUBLICATION FEE DUE | PREV. PAID ISSUE FEE | TOTAL FEE(S) DUE | DATE DUE | |
| nonprovisional | NO | \$1400 | \$300 | \$0 | \$1700 | 05/29/2007 | |
| EXAMINER | | ART UNIT | CLASS-SUBCLASS | | | | |
| NICOLAS, FREDERICK C 3754 | | 3754 | 222-465100 | | | | |
| Change of correspondence address or indication of "Fee Address" (37 CFR 1.363). Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached. "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required. | | | (1) the names of up to or agents OR, alternativ (2) the name of a single registered attorney or a 2 registered patent attorney. | 2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed. | | | |
| PLEASE NOTE: Uni recordation as set fort (A) NAME OF ASSIGNATION O | less an assignee is ident h in 37 CFR 3.11. Comp GNEE atic Corporat | ified below, no assignee oletion of this form is NO | THE PATENT (print or type) data will appear on the patent. If an assignee is identified below, the document has been filed for IT a substitute for filing an assignment. (B) RESIDENCE: (CITY and STATE OR COUNTRY) Springfield, IL | | | | |
| Please check the appropr | riate assignee category or | categories (will not be p | rinted on the patent): | Individual Corpor | ation or other private gr | oup entity Government | |
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| 5. Change in Entity Sta | atus (from status indicate as SMALL ENTITY stat | - | ☐ b. Applicant is no lon | ger claiming SMALL F | NTITY status. See 37 (| CFR 1.27(g)(2). | |
| NOTE: The Issue Fee ar | nd Publication Fee (if req | | ed from anyone other than t | | | the assignee or other party in | |
| Authorized Signature | A | Was | K Office. | Date | 120/07 | | |
| Typed or printed nam | ne Grant H. | Peters | | Registration No | 35,977 | | |
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